

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

IN THE MATTER OF THE CONDITION OF

**Petition
for Examination**

Name of Subject

Case No.

Date of Birth

Under oath, we petition the court to examine the condition of the subject, who resides in _____, County _____,
at _____, Address _____, and allege that:

- a. The subject is mentally ill, drug dependent, or developmentally disabled and a proper subject for treatment because:

☐ See attached.

- b. The subject is dangerous to himself/herself or others because: _____

☐ See attached.

- c. The following petitioner(s) has personal knowledge of the conduct of the subject:

<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Relationship to Subject</u>
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- 1) _____
2) _____
3) _____

- d. The following petitioner(s) does not have personal knowledge of the conduct of the subject but bases his/her belief on the following:

<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Relationship to Subject</u>
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- 1) _____
Basis for Belief: _____

- 2) _____
Basis for Belief: _____

e. In addition to the petitioners, the following person(s) may testify in support of this petition:

Name

Address

Telephone

f. The names and post office address of subject's: *(If unknown or inapplicable, so state.)*

Spouse

Post Office Address

Adult Children

Post Office Address

Parents or Guardian

Post Office Address

Custodian

Post Office Address

Brothers/Sisters

Post Office Address

Person(s) With Whom Subject Resides

Post Office Address

Subscribed and sworn to before me
on _____

Notary Public/Court Official, State of Wisconsin
My commission expires _____

Signature of Petitioner	Name Printed or Typed